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ABSTRACT

Intended for all parents, presented is the Developmentally Delayed Infant Education Project's (Ohio) manual on parent involvement. Topics covered include reasons for parent involvement (skills learned by parents in the program can improve children's academic attainment); definition of parent involvement (parents working with staff to provide meaningful experiences for their children); purposes, elements, and techniques (such as role playing, audiovisual activities, and practicum experiences) for effective parent training; infant/toddler stimulation techniques in coordination, locomotion, cognition, language, and socialization; and reasons why some parents don't get involved. (SB)

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PARENT INVOLVEMENT

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FOR THE SAKE OF ALL CHILDREN

AN INTRODUCTION

PARENT INVOLVEMENT FOR THE SAKE OF ALL CHILDREN

For the Developmentally Delayed Infant Education Project, the major thrust in parent education involved parents of infants/toddlers with developmental delays. However, many parents of infants/toddlers and preschoolers without delays participated in locating and identifying young children with developmental delays. Therefore, the information in this manual represents contributions from a variety of parents and child care workers. It is the purpose of this manual to serve as an information channel to ALL PARENTS.

As parents and staff work together to build meaningful programs for exceptional children, an early discovery is made—"all children have certain basic needs!"

A POINT TO PONDER

Each child has the right to know that he/she is loved, wanted, and is an important member of a group;

Each child is exceptional in that each child is unique. Each child has individual needs.

Therefore, educational programs must provide equality of opportunities through well defined and planned activities that meet these individual needs of children.

A SPECIAL PRAYER

OH PLEASE . . .
Turn Not Your Face Or Hide Me In The Dark.
Shed Not A Quiet Tear Or Lower Your Eyes In Shame.
I Am Flesh and Blood With Heart and Soul.
I Need Your Love And Understanding, Too.
Accept Me As "HE" Put Me Here . . . .
A CHILD TO LOVE, NO MORE, NO LESS.

(Anonymous)

WHY INVOLVE PARENTS . . .

In General

Active Parent Involvement is necessary in the creation, direction, and life of quality programs for young children

. . . . because the programs have direct influences on their (Parents') children

. . . . because the location of the programs has direct impact on the community

. . . . because the programs will reflect the nature of that community

Specifically –	**With Parent Involvement**	**Without Parent Involvement**
	The staff will have access to the greatest possible awareness of the children's educational experiences outside the center. Thus programs bringing together the children's total life experiences can be designed.	The staff will have to guess at the children's outside experiences. This could make the children perceive the activities as different and foreign—unrelated to his total life experiences.
	The goals, objectives, and activities of the center can be supported and reinforced at home.	The efforts, activities, and educational experiences carried out at the center will not (always) be as meaningful to the children's total life situation.
	Children are aware of their parents' roles and importance in the program. This creates a bridge between what is learned at home and what is learned at school.	Children may not get as involved in the "business of school" unless they see their parents show an interest in what they are experiencing.
	Learning opportunities that are related to the children's needs are increased.	There may be lessened opportunities for learning because of incorrectly defined needs.

With Parent Involvement	Without Parent Involvement
There is the opportunity for children to get a well rounded program of learning opportunities linking the expectations of the center and the home in view of behavioral demands of parents and staff, alike. This reduces the potential for conflicts (effective behavioral management).	Children might be forced to choose between parents' and staffs' behavioral demands causing conflicts in following through or carrying out instructions. This might be too complicated for children to understand at a young age. (increased behavioral problems).
Knowledge and skill for child training is provided parents. This helps them feel more adequate as parents.	Parents negatively view themselves and their children. They experience a great degree of anxiety, guilt, and despair often present in parents of the handicapped.
A situation is created that helps to form a supportive community for the families of handicapped children.	Emotional support often given to parents as they learn, socialize, and work together in groups is lacking.
There are effective spokesmen for more and better services for young children (handicapped and non-handicapped) because they know about educational program needs. This increases probability for gaining support services (funds, and so forth).	Program spokesman may present an inadequate case for special education and needs for young children thus risking low-funding or no funding sources.

With Parent Involvement	Without Parent Involvement
An atmosphere is created for sharing knowledge—*parents know about their children; staff knows about building programs for children. Working together they plan and carry out a program most responsive to the needs of the children and the community.	The program will be weakened to the extent that parents and staff don't share these *kinds of knowledge.
The program staff can maintain a regular and on-going assessment of their concerns and efforts as the result of parental feedback regarding their children's growth and development.	Staff will not have open feedback from parents about the usefulness of the educational experiences, activities, and opportunities to their children's rate of improvement from day to day, week to week, month to month . . .
The program is an essential part of a particular community; it can depend upon the community for support. This is because the parents will feel that the center belongs to them as the result of their helping to plan the program and determine its direction. This feeling will spread throughout the community and will become part of the life of the neighborhood and the community.	The program is usually viewed as belonging to "them" (staff) rather than to "us" (parents). The center is seen less as a community project and will lack support from parents. The children will suffer from having their needs met haphazardly (by chance). This is not beneficial to their continued growth and development.

The experiences in making decisions at the center can have a very positive carryover since many parents are active members of other institutions (church, clubs, and the like.)	There is less opportunity for fundamental learning experiences in group cooperation. There is no opportunity for participating in group decision making.
The transfer of learning is more closely related in the transition from child care program experiences to public school training. This is possible because parents are used to participating in the goal setting and implementation for their children.	Much of the planning, goal setting, and implementation is done for a big group instead of per/individual children. Teachers are not aware of specific past learning experiences (strengths and weaknesses of children from prior evaluations). School might seem like a different world from home experiences.
Skills have been learned by parents in supportive services (aides, medical assistants, volunteers, parent trainers, curriculum aides, and so forth.). Such participation has been known to make a marked difference in children's academic attainment.	Training and intensive educational programs in the basic knowledge of parent involvement is required. This limits the amount of time that could be used for instructional purposes and other educational business of the school (Time lag in being helpful in their progress in academic attainment).

WHAT IS PARENT INVOLVEMENT?

Parent involvement is the incorporated means of using parents in as comprehensive a way as possible in the busir ess of child care.

It is a partnership between school and home as parents and staff cooperate and provide quality educational opportunities for young children.

Parent involvement is parents working together with staff to provide meaningful experiences for their young children.

PARENT INVOLVEMENT IS PEOPLE IN A-C-T-I-O-N . . .

serving on advisory councils and policy making boards
getting training in child development
being advocates for developmental center programs
sharing their professional roles and experiences with the staff and children
providing babysitting services
making presentations about program to larger community
assisting on field trips and special occasions
organizing car pool transportation for center
greeting center visitors and interpreting program to observers
staffing a center lending library (books, toys, materials)
writing, typing, editing newsletters
soliciting funds or materials for improvement of center's programs
reinforcing children's activities
coordinating volunteer efforts
attending parent meetings about center matters
learning about children at various age levels
gaining insights into how children relate to each other
noting how teachers answer children's questions
sharing ideas and knowledge
learning about handling conflicting situations
working and communicating with staff and other parents
becoming involved in activities for both their own and their children's benefit
understanding the value of education and how to assume a greater responsibility for the education of their own children
developing close cooperation and understanding of program planning, implementing, and evaluating
becoming more "school oriented"
attending physical exams of their children
satisfying needs to become an effective parent
learning new roles and responsibilities as school service support personnel
growing, Growing, GROWing, GROWING in effective parenting concepts

WHAT ARE SOME PURPOSES FOR EFFECTIVE PARENT TRAINING?

The purposes of training parents for infant, toddler, and preschool programming are:

To help parents (groups) become more capable and independent in assuming roles and carrying out responsibilities.

To help parents (groups) become aware of educational resources and provide techniques for their using present knowledge and skills in order to become effective support service participants.

To help parents (groups) do creative thinking, organizing, and effective planning in setting and implementing goals.

To help parents (groups) gain ways and means for sharing knowledge and ideas with each other and staff.

Parents' knowledge might include:	Ideas of their children's growth and development patterns.
	Progress being made in different areas of development.
	Things they would like to see their children learn.
	Program changes necessary for fitting needs of children.
Staff's knowledge might include:	The program's design and purposes.
	The philosophical base being used in programming.
	The educational techniques being practiced in the program.
	The funding source, policy making group, funding period, and so forth.
	Initial profiles of children.
	Evaluative methods of children's progress.

To help parents (groups) understand the goals that staff has defined for working with parents (How does staff see parents in the total picture?).

To help parents (groups) become effective communicators. Learn elements that help and hinder (block) communication:

Speaking (explaining concerns)
Listening (understanding issues)
Acting (carrying out agreed procedures for getting job done)

To help parents (groups) increase their abilities to distinguish between individual and common interests in their group and within the center and the community (This can be useful for goal setting and planning).

To help parents (groups) understand the values of both informal and formal group meetings.

How to determine which one will be more beneficial for a certain issue.

How to stimulate the flow of ideas and decisions in both kinds of group meeting.

To help parents (groups) understand different leadership styles and how each one affects the group's ability to work together.

The AUTHORITARIAN leader who makes ALL of the decisions;

The LAISSEZ-FAIRE leader who fails to initiate any interaction;

The DEMOCRATIC leader who functions as an enabler to the group in making a decision.

To help parents (groups) recruit other parents through sensitizing them to feelings that encourage and discourage volunteering.

Giving everyone an opportunity to participate.

Making everyone feel needed.

Cooperating to solve problems.

Encouraging new ideas.

To help parents (groups) to plan effectively and use their resources efficiently.

Establishing *what* is to be accomplished.

Establishing *how* the task is to be accomplished.

Establishing by *whom* and *when* the task will be accomplished.

To help parents (groups) understand and participate in the evaluation process.

Of their involvement.

Of center's function.

Of meeting goals.

Of re-evaluating needs.

Of interpreting results.

WHAT ARE ELEMENTS OF PARENT EFFECTIVENESS TRAINING?

Effective Groups of Parents and Staff

Must operate toward providing quality educational programs for young children.

Must give recognition to parents' most valuable investment—their children.

Must decide what kind of programs both (parents and staff) want for children.

Must be trained to implement the program on a day to day basis.

Must feel that both of their contributions are important.

Must feel that other members are interested in what each has to say.

Must be aware of the knowledge which they and other members possess (for exchange in program development and implementation).

Encourage contributing ideas and suggestions.

Contribute individual ideas as well as be supportive of other's ideas.

Must work together in carrying out the planning, policy-making, and decision-making tasks necessary for program operation.

Must work together in determining the goals for the program, planning the curriculum, hiring staff, and staffing the children.

WHICH TRAINING TECHNIQUES HAVE PROVEN TO BE EFFECTIVE IN PARENT TRAINING?

A number of training techniques are reported which have been used and proved to be successful in parent training. The learning process is important in selecting the technique. Consideration should be given to:

The trainees who learn more by hearing.

The trainees who learn more by seeing.

The trainees who learn more by doing—actual participation.

Some ideas and information can be presented best by telling the trainees.

Some concepts to be learned require the trainees to examine their own skills and attitudes which may involve larger amounts of discussion and other group process activities.

The following training techniques (singularly and combined) must be matched to the training goals and the individuals to be trained.

Role Playing–provides an opportunity for trainees to act out spontaneously a situation relating to a human relations problem.

Dramatizations–a planned and rehearsed act that insures that the important aspects of a problem or situation are presented.

Audio Visual Activities (Slide Tape Presentation, Films and Film Strips, and Video-Taped Activities)—real life situations performed by others and trainees in various training situations for information leading to acquiring knowledge, skills, and attitudes.

Informal Talks By Experts–information sharing by experienced persons in specific training areas.

Demonstrations–trainees have opportunity to use materials during training session.

Displays–a means of trainees examining the wide variety of available materials for learning more about a concept, situation, and the like.

Field Trips and Excursions–visits to programs and community resources help trainees to see and live (fantasized) through some of the everyday experiences of importance to the training goals.

Task Force–work groups formed for a problem-solving project.

Observation–giving the trainees the opportunity to watch various situations in operation relevant to the training need.

Practicum Experiences–actual on-the-job training activities where trainees are given specific tasks to perform with reference to a training goal—they are placed in centers and other agency situations.

Individual Study–trainees read and experiment on their own for self improvement, self attainment of skills, and self understanding of the art of providing support services.

WHAT OTHERS HAVE YOU TRIED?

PARENTS HAVE YOU EVER ASKED YOURSELVES:

"Why is our 18-months old not walking?"

"Why is our 10-months old not saying 'mama' and 'dada'?"

"Why is our 6-months old unwilling to suck a bottle?"

"Why does our 2-year old neither notice nor play with his toys?"

"Why do we have such a 'good' Baby? Why doesn't he cry?"

"Why does our baby not seem to recognize our voices?"

TEST HIS ABILITY. IF HE CANNOT DO THESE, HELP CAN BE GIVEN—

Contact your doctor; the child care program; public schools; social service agency; the Nisonger Center; Association for the Developmentally Disabled. DO IT NOW!

DEVELOPMENTAL MILESTONES

A CHECK-UP SYSTEM FOR PARENTS

NOTES

Age 6 to 12 Months

rolls over back to front and vice versa
first stepping reaction when held
sits alone for short time
makes some progress in crawling backward, then forward
interested in relating two objects
stands when held up or holding onto furniture
sits well in chair
creeps on hands and knees
pulls self up by grasping furniture
sidesteps; can walk by being held by one hand
responds to name and *"no no"*
reserved with strangers (won't smile)

Age 1 to 6 Months

lifts chin up when in prone position (lying on stomach)
pushes with feet
holds head erect for few seconds
is active in bath and kicks feet
rolls from side to side
can be held in sitting position
lifts head and chest in prone position (lying on stomach)
lifts head and shoulders in dorsal position (on back)
sits with slight support
grasps objects (holds on to)

HELP YOUR CHILD. MAKE NOTES ON HIS BEHAVIOR AND REPORT THE FINDINGS TO YOUR DOCTOR, CHILD CARE WORKER OR COMMUNITY SOCIAL AGENCY WORKER.

Age 12 to 18 Months

stands alone; walks alone
balances in kneeling position
climbs up; trots; walks backwards; stoops to pick up objects; enjoys simple games
likes to walk pushing and pulling toys
starts to repeat familiar words and 2 and 3 word sentences; enjoys mimicking
enjoys rummaging through drawers
frustrated when can't do what he wants to do
may begin telling you his need for toileting (holds pants)
knows what he wants and tries to get it

Age 18 to 24 Months

climbs up and down stairs
jumps; runs; kicks a ball
imitates games of older children
loves rough and tumble play
short attention span, (5-8 minutes at a time) good memory
growing independent (likes to do things without total help from adults—let him do it!)

Age 2 years

runs; builds towers of six cubes
uses phrases (wants water); understands simple directions (get the ball)
verbalizes toilet needs (potty)
plays with dolls
recognizes pictures in a book
can use and say his name
can tell one color from another

Age 3 Years

stands on one foot
builds tower of 10 cubes
talks in sentences (I want milk)
answers simple questions (How old are you?)
uses spoon well; puts on shoes
takes turns; enjoys energy absorbing games and activities (lots of running and moving about)
imitates sounds (car motor)
is toilet trained during day time (has very FEW accidents)
feeds himself (needs guidance or help)
enjoys doing crayon drawings
enjoys complicated toys

Age 4 Years

skips on one foot
uses conjunctions (and)
understands prepositions
can wash and dry face
can run errands (get diaper for baby)
plays co-operatively (without argument)
asks lots of questions (what, who, and why)
likes action filled stories (Shazam)
draws pictures (recognizable figures)
dresses with little assistance
needs help with small buttons/ tying shoes
attention span is short (10-15 minutes at a time)

Age 5 Years

skips on alternate feet (one then the other)
asks "why?"
articulates (words can be understood)
dresses with assistance
asks meanings of words
needs help with hair and teeth (grooming)
makes friends and plays in small groups
understands time concepts (today, yesterday, and tomorrow)
likes show and tell
likes helping do chores
is capable of being away from parents for 4 to 8 hours at a time

WHY IS STIMULATION IMPORTANT?

Stimulation is important for young children because there is so much to learn in such a short time. Children will develop regardless of what environment they are put in. However, we can guarantee a healthy and happy child if we arrange the environment so as to enhance his development.

WHAT ARE IMPORTANT DEVELOPMENTAL AREAS FOR STIMULATION (BIRTH TO 36 MONTHS)?

(These areas are the same found with the Infant Stimulation Curriculum Developed by this Project based on many ideas of Jean Piaget's theory of Sensori-Motor Perception and others)
—See Examples—

Coordination–skills needed to reach and grasp objects, and focus and fix on objects.

Locomotion–skills needed for total body movement, as well as trunk and leg control.

Cognition–skills to understand and investigate the relationships of objects to one another and one's self, understand consequences of actions, and comprehend the concepts of time and space.

Receptive Language–skills to comprehend what is spoken, especially instructions or directions, as well as ability to hear or be attentive.

Expressive Language–skills to verbally express one's self, to make others understand needs or desires, as well as ability to vocalize.

Socialization–skills to identify self, knowledge of body parts, and engage in self-help skills.

WHAT ARE SOME EXAMPLES OF STIMULATION?

Coordination *(Teach Your Baby)**

Objective: To provide opportunities for child to manipulate objects using fine motor coordination.

Procedure: If child is interested in mechanical things, let him turn on the lights, open doors by turning doorknobs, turn on the faucet when washing hands and play with a few wind-up toys.

Locomotion *(Baby Learning Through Baby Play)**

Objectives: To practice crawling

Procedure: Take a ball or object that rolls. When you have the child's attention, roll it out of reach and say, "Go get the ball; bring it to me". Encourage the child as he does it. Then roll it again.

Cognition *(Play and Learn Program)**

Objective: To teach the child to discriminate between two different shaped boxes.

Procedure: Cover three boxes, two square ones and one round, with the same contact paper, place cracker crumbs inside the round box. See if the baby can learn to choose the round box.

Language *(Infant Caregiving)**

Objectives: To stimulate vocalizations.

Procedure: On a tape recorder, record the teacher singing a short song. Play it for the child. Then, record his vocalization, if any, after the song. Or sing together. Afterwards, replay the recording for the child. Do again if he likes it.

Socialization *(Carolina Infant Curriculum)**

Objective: To broaden child's understanding of himself as a person.

Procedure: Attach a cloth to the edge of a mirror. Hold child on your lap in front of the uncovered mirror. Point to the image and then cover the mirror. Say something like "Where is John?" Raise the cloth saying, "There he is." Repeat saying things like "peek-a-boo" or "Where is the baby?" When he begins to understand, let him lift the cloth.

* References

WHAT ARE SOME WAYS TO STIMULATE AN INFANT?

Adults can stimulate infants with toys by:

finding three or four toys that the child might like to play with.

giving the child one of the toys and placing the others out of sight and reach.

watching for a few moments to see what the child does with the toy.

if the child does not play with the toy but throws it, hits someone, puts it in his mouth or something else you don't want him to do, give the child a different toy and take away the first toy, placing it out of sight and reach.

if the child plays with the toy, watch for awhile, then try to get the child to do other things with the toy.

Adults can get a child to do other things with a toy by:

asking the child to do something else such as stacking blocks, hiding blocks, pushing blocks, pushing blocks on different surfaces.

if there are several items alike (blocks, beads, beans, rings, bells, cars, dolls, pieces of foil, etc.) take some that are not in use and show the child different activities.

Adults can also stimulate infants by:

setting objects and toys of interest out in the room and letting the child find them.

helping the child with language development during any play activity.

not speaking and giving the child a new or unusual object. A few moments of silence from an adult gives the child a chance to talk.

playing with a child and imitating the sounds the child makes.

saying a word or two which sound like the word the child has just said.

showing affection whenever a child "asks" for affection. Children have different ways of asking for affection such as running to an adult who is seated on the floor and throwing their arms around the adult, climbing up and sitting in an adult's lap, and standing in front of an adult and holding up their arms. Some kinds of crying, whining, and moaning "m-m-m" are not requests for affection. When a child is physically hurt and cries, he does want affection.

remembering that there are different ways an adult can show affection to a child. Picking a child up, holding him close and saying words softly to him. Gently rubbing a child's head or back is another way. Bringing the child as close to you as possible with a gentle hug. Trying different things with your child and seeing what he likes best.

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Adults can also stimulate infants by:

interacting with them:

during diaper changing or potty time, talk to the child about what's happening, his body parts, or sing a song.

have him imitate gestures. Let him play with a favorite toy.

while washing child, play with him and talk about what's happening, etc. Let him play with safe objects. Demonstrate movements.

at feeding time, encourage language imitation of meaningful sounds or words, depending on child's level of ability. Food is a natural reinforcer of efforts. Help him to become an independent eater.

show him self-help skills such as washing and clean-up.

POINTS TO REMEMBER ABOUT HELPING YOUNG CHILDREN

Make sure the help you provide the child is "helping help" and allows the child to be as independent as possible. You want him to grow up feeling competent with a positive self-image (good feelings about himself).

Plan learning tasks for the child which are broken into sequential steps each allowing the child to be successful at that level. A child does not learn to tie a shoelace the first time, but must learn how to do all the preliminary skills before he can master the major task.

When interacting with the child, be sure to be encouraging and positive. Do not shame the child if he cannot do a task. Try to select tasks which you feel he can accomplish with a lesser degree of challenge. Praise his success in words that applaud his *action,* not his personality (Not "good boy"—that refers to his inner qualities as a person, but "You did it. You put the toys on the shelf. You sure are a big helper". Use words that praise his efforts and accomplishments.). Be sure to comment immediately after the behavior, not hours later.

Use positive expressions to help a child direct himself to more acceptable types of behavior ("We need to keep the clay on the table."—works better than—"Don't put clay on the floor." "Play gently with Rover."—not—"Don't kick Rover.").

A child requires consistent reasonable limits in his world. He needs to know what he can and can't do in his environment. He will regard these "fences" as signs of your love for him since you're setting up rules for his safety. Make sure when you establish a rule that it is for a good reason and that you will be able to follow through with it. If it is necessary to scold a child for breaking a rule, do it promptly and use a method meaningful to the child, like removing the toy or temporarily isolating the child.

QUESTIONS AND ANSWERS FOR PARENTS AND STAFF

How do parents and staff communicate?

Home Visits
Center Visits
Telephone Conversations
Casual Visits
Planned Conferences

What are criteria for judging a child care program?

Preliminary factors to check out might include:

1. How do you feel about the person(s) caring for your child? Do you feel that your child is cared about as an individual?
2. Is their staff adequate (at least a one to four ratio)?
3. Does the worker seem to enjoy what he or she is doing?
4. Has the center been approved for licensing on a regular basis (Adequate space, equipment, materials, safety precautions)?
5. Are your suggestions for the care of your child in relationship to his prior life experiences welcomed and listened to?
6. Do you have an open invitation for visiting?
7. Have you been asked for information to use in cases of emergencies: doctor's name; telephone number at work; other persons to contact in your absence?
8. Is medical information required for children as well as staff?

What is meant by "the first five years of the child's life" being the most important ones?

An important fact for parents to know is that the first five years of their child's life are the most important years—the formative years. This does not mean that the rest of the child's life is unimportant or that everything about him is decided by the time he reaches six—but there is no question that the first five years are the most important ones. Before six, the child's basic personality structure has been found (how he will get along with others , feelings about sex, and other emotional involvements). His intellectual developmental structure is formed—50% by age 4; 80% by age 8; 100% by age 17 (The ability of your child to mentally manipulate and process the information he acquires).

DO'S AND DON'T'S FOR STAFF (WHEN INTERACTING WITH PARENTS)

DO:

- Listen for cues about the child, then ask for clarifications of certain points.
- Show genuine interest in the child.
- Reassure the parents that they are partners in planning for and working with the child.
- Remember that the parent conference should be kept strictly confidential and treat a parental or child problem in confidence.
- Allow time for parents to change their thoughts.
- Encourage parents to meet problems by working out suitable means.
- Listen carefully in order to find out why parents feel and think the way they do.
- Be honest and truthful.
- Accept what parents have to contribute in a positive manner.
- Provide adequate time for parent conferences and visits.
- Set up places and times for parent conferences that are private.
- Be accepting of parents regardless of their needs, attitudes, values, beliefs, and individualities.

DON'T:

Engage in destructive criticism about the child and parents.

Force thinking or advice on parents.

Be too authoritative or too "perfect"; parents need to see you as being human, also.

Argue points discussed by you and parents.

Become defensive over program matters.

Be quick to jump to conclusions.

Introduce labeling in the conversation of either child or parents.

REASONS "SOME" PARENTS DO NOT GET INVOLVED

Don't feel needed.

Do you talk in terms of needing them rather than "will you"?

Are not "school oriented" because of their own unhappy and unsuccessful school experiences.

Might it be profitable to attempt to establish rapport between parents and you by using the "successful" experiences afforded the child as a medium for conversation so as to get to talk about unpleasant experiences—how you understand and make an effort not to have this reestablished for parents?

Have a great deal of personal problems.

Are you aware enough to see some of these and offer social services information to help? Do you present a non-judgmental attitude and offer positive suggestions and do what you can to make large matters seem small?

Feel "inferior" to the teachers, (level of education, dress and personal grooming, speech)

> Are you able to put yourself in their shoes, to understand their situations? Would you argue that many of their behavioral differences and modes of living may be as good as—perhaps better than—yours? Might you understand that inability to speak fluently or dress appropriately may be combined, in the same individual, with a high degree of shrewdness and native intelligence?

Need help in understanding concepts in order to help their children at home.

> Do you have a parent education program? Does it extend beyond the walls of the center? Do you make a special effort to teach parents techniques of fostering learning: do they know why play is important? Do they know that talking to and reading to children increases communication and develops language patterns? Start your training now! If they won't come to you—go to them!

SUMMARY . . .

HOME AND SCHOOL:

A DYNAMIC PARTNERSHIP

INFLUENCE OF *SCHOOL* AND *HOME* ON THE CHILD

. . . In this relationship, parents and family are the most significant part of the child's 'social network':

HOME is the place the child comes back to, with his experiences. It is the lair to which he retreats to lick his wounds: the stage to which he returns to parade the glory of his achievements: the refuge he finds in which to brood over his ill treatment, real or fancied. Home, in other words, is the place to which one brings the everyday run of social experiences, to sift, to evaluate, to appraise, to understand, or to be twisted, to fester, to be magnified, or ignored, as the case may be. (Bossard and Boll)

In summary . . .

"To thine own role, let's strengthen!"

INFORMATION HELPERS

REFERENCES

Child Development In The Home. DHEW Publication No. (OHD) 74-42. Department of Health,bEducation, and Welfare. Washington, D.C.: U.S. Government Printing Office.

Dodson, Fitzhugh. *How To Parent.* New York: The New American Library, Inc., 1971.

Fusco, Gene. *School-Home Partnership.* Dept. of Health, Education, and Welfare. Washington, D.C.: U.S. Government Printing Office, 1964.

Ginott, H. G. *Between Parent and Child.* New York: The Macmillian Co., 1965.

Handicapped Children In Head Start Series. "Working With Families: A Manual For Developmental Centers." Head Start Information Project. The Council For Exceptional Children 1920 Association Drive, Reston, Virginia 22091.

Hymes, James L., Jr. *Enjoy Your Child–Ages 1, 2,* and *3.* Public Affairs Pamphlet No. 141., 381 Park Avenue, South, New York 10016—25¢.

Infant Care. DHEW Publication No. (OCD) 73-15. Department of Health, Education, and Welfare. Washington, D.C.: Children's Bureau Publication 8-1973.

Leeper, Dales, Skipper, Witherspoon. *Good School For Children.* New York: The Macmillian Co., 1968.

Murphy, Lois B. and Leeper, Ethel M., *Conditions For Learning.* DHEW Publication No. (OCD) 74-1034. Dept. of Health, Education, and Welfare. Washington, D.C.: U.S. Government Printing Office, 70¢.

Points For Parents, No. 10. Washington, D.C.: Office of Economic Opportunity, 1966.

Rood, Larry A. *Parents and Teachers Together: A Training Manual For Parent Involvement In Head Start Centers.* Washington, D.C.: Gryhom House (Humanics, Inc.), 1972.

Salk, Lee. *What Every Child Would Like His Parents To Know.* New York: Warner Paperback Library Edition, 1973.

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